

# California Tobacco Control Update

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**Gray Davis**, Governor  
State of California

**Grantland Johnson**, Secretary  
Health and Human Services Agency

**Diana M. Bontá, R.N., Dr.P.H.**, Director  
Department of Health Services



C a l i f o r n i a   T o b a c c o

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This document was prepared as a follow-up to the  
August, 2000 California Tobacco Control Update.

The first report established statewide measures and  
described trends in tobacco-related attitudes, behaviors,  
policies, and activities, from which progress in tobacco  
control can be assessed. This second report provides  
additional indicators, and updates previously reported  
trends with recent data to present a current assessment of  
tobacco control in the state of California.

## **CALIFORNIANS WANT CALIFORNIA TOBACCO FREE**

California voters approved the landmark California Tobacco Tax and Health Promotion Act in November of 1988. The enabling legislation made California the first state to implement a comprehensive tobacco control program. Since then, the program has remained the largest of its kind in the world.

The primary goal of the California Tobacco Control Program (CTCP) is to prevent tobacco-related disease and death in California by reducing tobacco use across the state. The CTCP uses a comprehensive approach that strives to change the broad social norms around the use of tobacco by “indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible.”<sup>1</sup> California’s strategy focuses on four broad priority areas for use both in program planning and funding decisions: reducing exposure to secondhand

smoke; revealing and countering tobacco industry influence; reducing the availability of tobacco products; and providing cessation services.<sup>1</sup>

Over the past decade, the program has made significant progress toward a tobacco free California, through the combined efforts of 61 local health departments, four ethnic networks, approximately 90 community-based organizations, a statewide media campaign, a cessation helpline, and other statewide support systems.<sup>2</sup> In addition to hundreds of trained and experienced public health workers, thousands of adult and youth volunteers have also contributed to this effort. After more than a decade of tobacco control efforts, public support for tobacco control in California remains strong, with nearly three of four Californians reporting being committed to the anti-smoking cause in 2001.<sup>3</sup>

## **CALIFORNIANS SUPPORT REGULATION AND TAXATION OF TOBACCO**

Policies regulating the sale and use of tobacco products have the potential to reduce tobacco use. By raising the price consumers pay for cigarettes, excise tax increases in California have helped reduce per capita cigarette consumption, discouraged adolescents from starting to smoke, and encouraged smokers to quit. The majority of California adults favor a further increase in the cigarette excise tax. In 1999, “nearly 70% of Californians supported an excise tax increase of at least \$0.25/pack and nearly 50% supported an increase of at least \$1/pack,”<sup>4</sup> even though a \$0.50/pack increase went into effect during that same year.

Californians also support further regulation of tobacco advertising and promotion. In 2001, a significantly greater percentage of people in California than in the rest of the U.S. strongly agreed that the tobacco industry targets vulnerable groups for financial gain (54% and 41%, respectively).<sup>3</sup> A significantly greater percentage of Californians than people in the rest of the U.S. also strongly agreed that the current marketing practices of the tobacco industry are very deceptive (48% and 38%).<sup>3</sup> In 1999, 68.9% of California adults thought schools should prohibit students from wearing clothes or bringing gear with tobacco logos to school, and 63.2% thought the advertising of tobacco products should be completely banned.<sup>4</sup>



## WELCOME TO CALIFORNIA AMERICA'S NON-SMOKING SECTION

SVOKE FREE PUBLIC PLACES SINCE 1996.

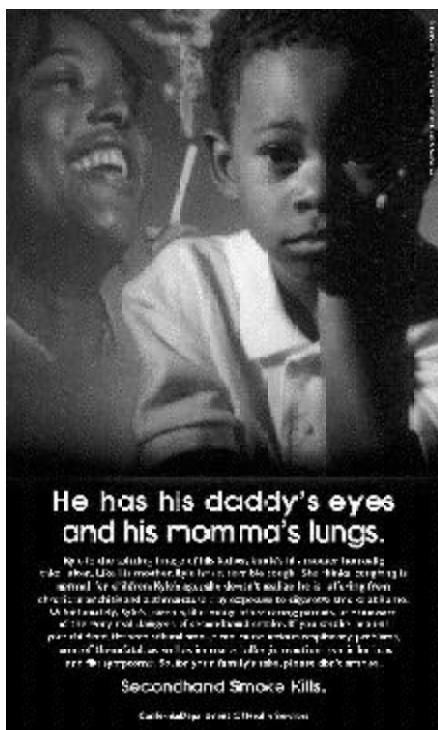
**Cigarette makers  
say they don't market  
to children.**



**Do you  
smell  
SMOKE?**

There is also strong support for the regulation of tobacco use in public areas. From March, 1998 to June, 2000, approval for smoke-free bars among bar patrons increased from 59% to 73%,<sup>5</sup> and in 2001, 63% of Californians agreed that smoking should be regulated in outdoor public areas such as parks and stadiums.<sup>3</sup> Strong public support for these and other initiatives culminated in the signing of Assembly Bill 188 in August of

2001, a law which prohibits smoking or the disposal of cigarettes and other tobacco related products within the boundaries of playgrounds or tot-lots. This state law, the first of its kind passed in the country, applies to public or private school grounds, as well as city, county, and state park grounds. In 2002, the law was amended to provide for a 25-foot smoke-free perimeter around play grounds and tot-lots.



## MORE CALIFORNIANS PROTECTED FROM SECONDHAND SMOKE

Californians are better protected from exposure to secondhand smoke than residents in the rest of the U.S. Hundreds of local ordinances requiring smoke-free restaurants and other workplaces

nonsmokers than were people in the rest of the U.S. (62% and 48%, respectively).<sup>3</sup>

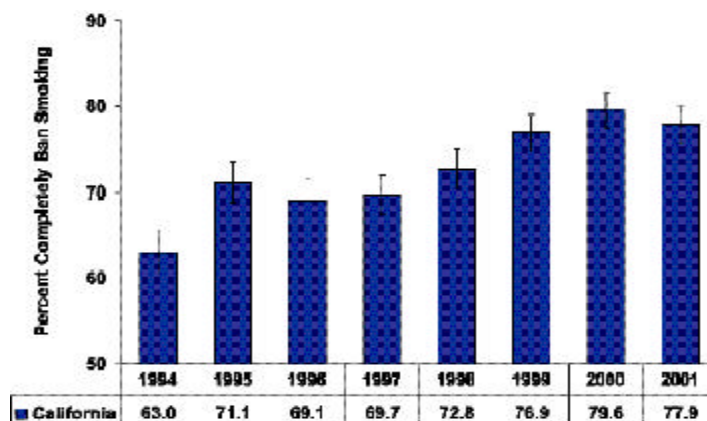
Making indoor workplaces smoke-free has translated into significant health benefits for workers in California. For example, the establishment of smoke-free bars and taverns in California was associated with improvements in the respiratory health of bartenders,<sup>6</sup> but had no negative effect on the profitability of restaurants and bars. In fact, despite tobacco industry arguments to the contrary, tax data demonstrate that smoking bans in restaurants and bars do not adversely impact revenues.<sup>7</sup>

Over time, fewer California youth have reported being exposed to secondhand smoke at home. In 1994, 63.0% of Californians, with children under the age of 18, did not allow smoking in the household.<sup>8</sup> By 2001, 77.9% did not allow smoking in their household, a 24% increase (see figure 1).<sup>8</sup> In addition, in 1999, 47.2% of all California smokers reported living in smoke-free homes, compared to 20.1% in 1993.<sup>4</sup>

have been passed since the early 1990s. The increasing public pressure for these protections led to the enactment of a statewide smoke-free workplace law in 1995. As a result, virtually all indoor workplaces in the state are now smoke-free, including restaurants, bars, and gaming clubs. In 1999, 93.4% of California's indoor workers reported working in a smoke-free environment, compared to only 35.0% in 1990.<sup>4</sup>

Public support for these protections and public awareness of the negative health impacts associated with secondhand smoke is stronger in California than in the rest of the U.S. In 2001, 86% of California nonsmokers and 59% of California smokers strongly agreed that they prefer to eat in restaurants that are smoke-free.<sup>3</sup> This is significantly higher than the 75% of nonsmokers and 31% of smokers who strongly agreed that they prefer to eat in smoke-free restaurants in the rest of the U.S.<sup>3</sup> In addition, Californians were more likely to strongly agree that secondhand smoke causes lung cancer in

**Figure 1. Percent of Californians with Children Under 18 Who Prohibit Smoking in their Household, 1994-2001**



Source: CATS, 1994-2001, weighted to 1990 CA population.





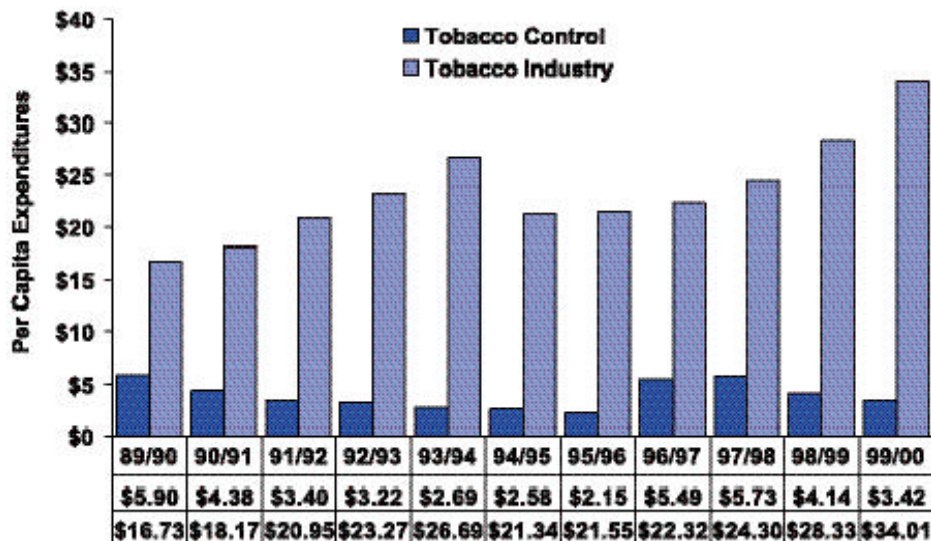
## TOBACCO INDUSTRY PROMOTES TOBACCO USE IN CALIFORNIA

The tobacco industry continues to market and promote the use of tobacco products to Californians. In

fact, since the signing of the “master settlement agreement” in 1998 (which resolved lawsuits filed by 46 states accusing U.S. cigarette manufacturers of marketing to minors and misleading the public about the safety of their products), industry expenditures for in-store cigarette advertising, promotions, and placement fees have continued to increase. During the early years of California’s program (1989/1990 through 1992/1993), the tobacco industry spent on average over 4.5 times the amount on tobacco

advertising and promotions in California than the CTCF spent each year to reduce tobacco use.<sup>9</sup> This disparity in spending grew to a ratio of nearly 10-to-1 in 1999/2000 (see figure 2).<sup>9</sup> In 1999 alone, the tobacco industry spent an estimated \$823 million advertising and promoting tobacco use in California.<sup>9</sup> In 1999/2000, the per capita budget for tobacco control (\$3.42) remained below the \$5.12–\$13.71 per capita range recommended by the Centers for Disease Control (CDC) for funding an effective statewide tobacco control program in California.<sup>10</sup> Yet, despite being outspent by the tobacco industry and under-funded according to Federal “best practices” standards, CTCF efforts have reduced tobacco use and helped to produce both short and long term improvements in the health and well-being of Californians.

**Figure 2. Tobacco Industry versus Tobacco Control in Annual Per Capita Spending, 1989/90-1999/00**



\*Tobacco Industry (TI) spending estimates include advertising and promotional expenditures as reported to the Federal Trade Commission, 1989-1999. TI advertising/promotional spending in California is estimated by 10% of TI spending in the U.S. following methodology described by Pierce, et al (1998).<sup>9</sup> Tobacco Control expenditures include the following elements: Media Campaign, Competitive Grants, Local Lead Agencies (LLA), and California Department of Education. Per capita expenditures are the total TI and tobacco control expenditures divided by California's population aged 18 and over.



## TOBACCO TAKES TOLL IN CALIFORNIA

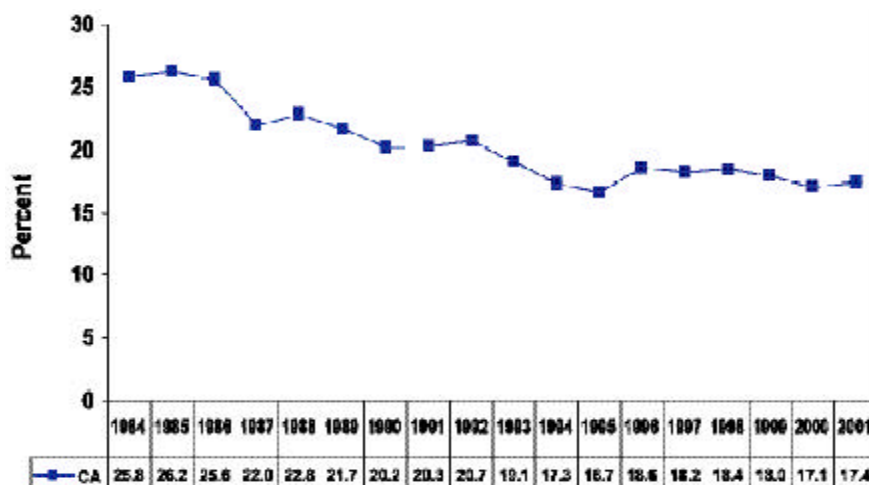
In 2000, it was estimated that there were over 4.2 million adult current smokers in California.<sup>8,11</sup> The continued use of cigarettes has significant health and economic consequences for Californians. In 1999, nearly one of every five deaths in California could be attributed to cigarette smoking<sup>12</sup> and premature death due to smoking resulted in 16.2 years of life lost from each death.<sup>13</sup> In fact, “a 30-35 year old, two-pack-a-day smoker has a life expectancy eight to nine years shorter than a nonsmoker of the same age.”<sup>14</sup> Smoking also has a direct impact on the well-being of nonsmokers, with 4,560-7,800 nonsmokers estimated to die of lung cancer and ischemic heart disease from secondhand smoke each year in California alone.<sup>15</sup>

In addition to the loss of life, there are significant monetary costs associated with tobacco use. The total cost of smoking in 1999 in California (including both direct and indirect costs) was estimated to be \$475 per resident or \$3,331 per smoker, for a total of nearly \$15.8 billion in smoking-related costs (1999 dollars).<sup>12</sup> Smoking-related health care costs alone during this same year totaled \$8.6 billion<sup>12</sup> – an estimated 43% of which is paid for by public sources.<sup>16</sup>

## CALIFORNIA SMOKING TRENDS

Prior to the passage of Proposition 99, the rate of decline in current smoking prevalence was consistent between California and the U.S.<sup>4</sup> After the initiation of the CTCP in 1989 until 1993, the rate of decline in smoking prevalence increased to approximately twice the rate of decline in the rest of the U.S.<sup>4</sup> However, overall smoking rates in California have remained relatively stable since 1996 (see figure 3).<sup>8,11</sup> The slight prevalence increase in 1996 is an artifact of the change adopted starting that year in the definition of “current smoker”, a change which resulted in the inclusion of more occasional smokers.

**Figure 3. Smoking Prevalence Among California Adults, 1984-2001\***

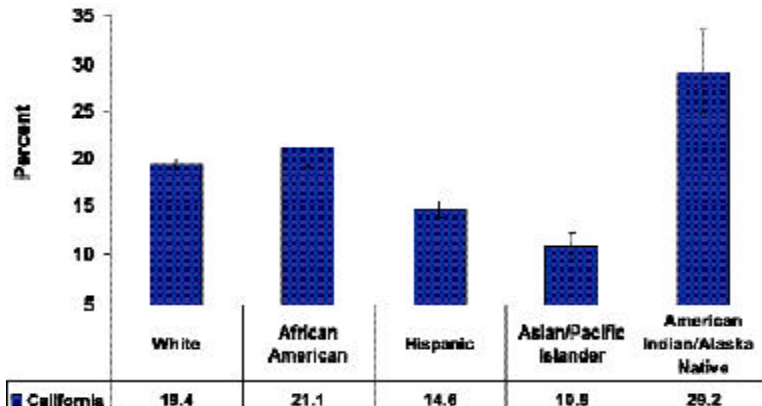


\* Definition change in 1996 resulted in an increase in the number of “occasional smokers” being counted.

Sources: BRFS, 1984-1992; CATS/BRFS, 1993-2001, weighted to 1990 CA population.



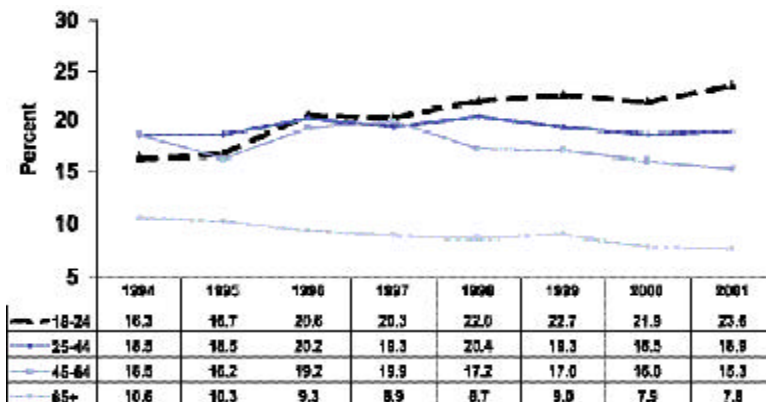
**Figure 4. Age-Adjusted\* California Smoking Prevalence by Race/Ethnicity, 1997-2001**



\* Age-adjusted to 1990 California population.

Sources: CATS/BRFS, 1997-2001, weighted to 1990 CA population.

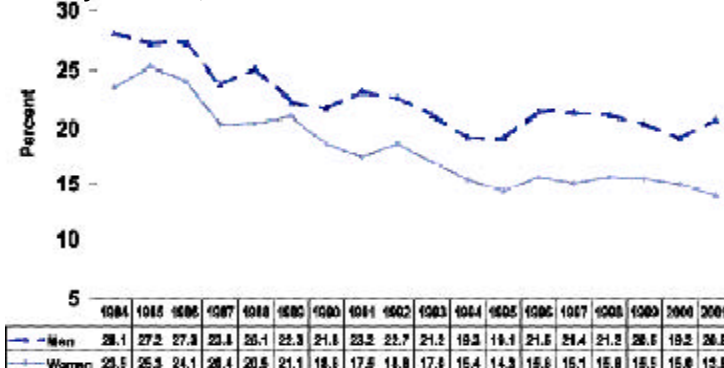
**Figure 5. Smoking Prevalence Among California Adults by Age Group, 1994-2001\***



\* Definition change in 1996 resulted in an increase in the number of "occasional smokers" being counted.

Sources: CATS/BRFS, 1994-2001, weighted to 1990 CA population.

**Figure 6. Smoking Prevalence Among California Adults by Gender, 1984-2001\***



\* Definition change in 1996 resulted in an increase in the number of "occasional smokers" being counted.

Sources: BRFS, 1984-1992; CATS/BRFS, 1993-2001, weighted to 1990 CA population.

### *Race/Ethnicity*

Although smoking prevalence rates since 1996 have remained relatively stable overall, there are important smoking prevalence differences between racial and ethnic groups in California. For example, in 1997-2001 (combined), Whites and African Americans had significantly higher smoking prevalence rates than either Hispanics or Asian and Pacific Islanders. American Indians/Alaska Natives had significantly higher smoking prevalence rates than any other racial/ethnic group during this same period (see figure 4).<sup>17,18</sup>

### *Age/Gender*

There are likewise prevalence differences by age and gender. While smoking rates declined for people over the age of 25 since 1996, California smoking rates for young adults between the ages of 18-24 have increased, widening the gap in smoking prevalence between the age groups (see figure 5).<sup>8,11</sup> National research has also demonstrated higher smoking prevalence in the 18-24 year age group.<sup>19</sup> Research has shown that in California, the increasing smoking rate among the 18-24 year age group is driven by daily and not occasional smoking.<sup>20</sup>

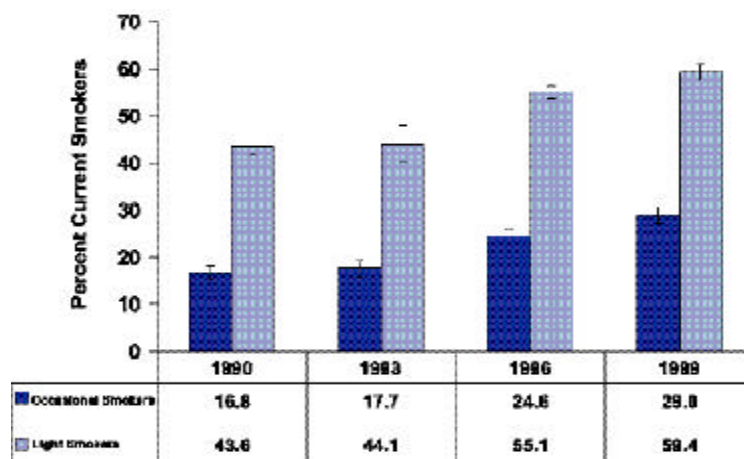
In addition, although men had higher smoking prevalence rates than women from 1984 to 2001, the greatest decline in smoking was among women over this time period (see figure 6).<sup>8,11</sup>

## CALIFORNIA SMOKERS SMOKING LESS

Although in more recent years smoking prevalence has remained largely unchanged, it is important to note that California smokers on average are smoking fewer cigarettes. From 1990 to 1999, the percentage of current smokers who smoked fewer than 15 cigarettes per day (light smokers) increased 36%, while the percentage that smoked occasionally (not everyday) increased 73% over this same time period (see figure 7).<sup>4</sup> Reducing the number of cigarettes smoked to fewer than 15 cigarettes per day and/or making a significant quit attempt have been shown to be important factors in advancing progress toward successful quitting.<sup>21</sup>

The increases in the proportion of California smokers who are light or occasional smokers are reflected in the declining trend in per capita cigarette consumption. From 1989/90 to 2000/1, per capita consumption declined by 51% in

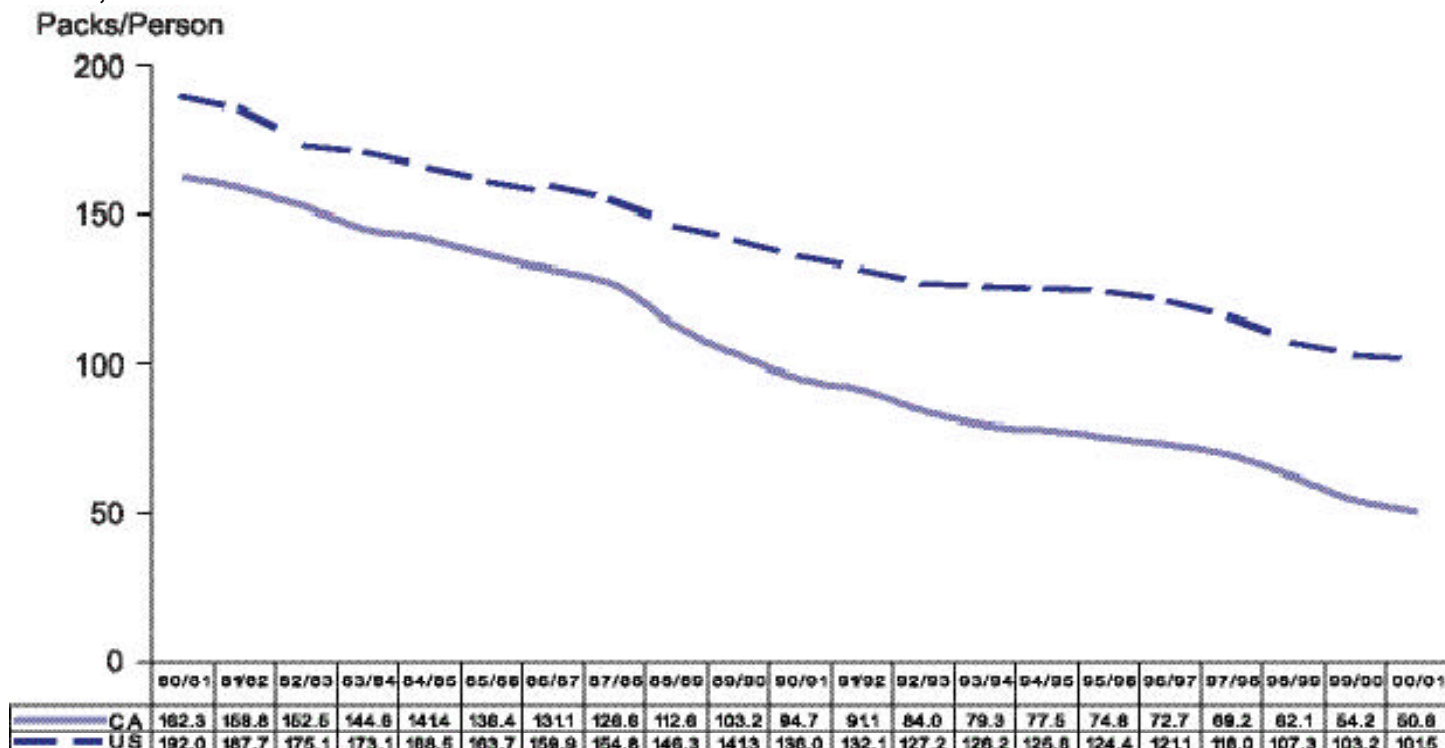
**Figure 7. Occasional Smoking and Light Smoking (<15 Cigarettes/ Day) Among Current Smokers, 1990-1999**



Source: CTS 1990, 1992, 1996, 1999.<sup>12</sup>

California, while per capita consumption in the U.S. declined by only 28% during this same time period (see figure 8).<sup>22</sup> In fact in fiscal year 2000/2001, per capita cigarette consumption in California was the lowest of any state in the nation.<sup>23</sup>

**Figure 8. California and US Adult Per Capita Cigarette Consumption, Packs Per Fiscal Year, 1980/1981-1999/2001**



Source: California State Board of Equalization (packs sold) and California Department of Finance (population). U.S. Department of Agriculture. Note that California data is by fiscal year (July 1-June 30) and U.S. data is by calendar year.

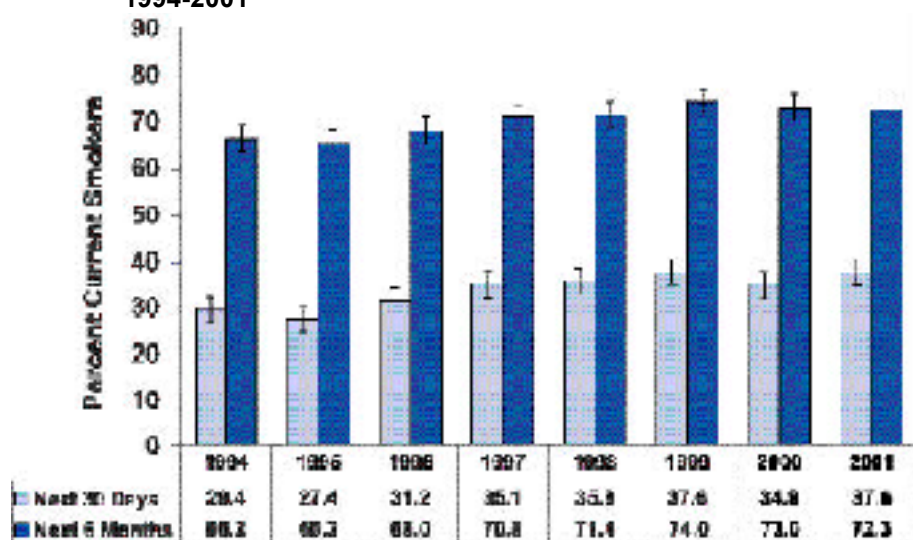
## MORE CALIFORNIA SMOKERS QUITTING

In addition to modifying their smoking behavior by smoking less, an increasing percentage of California smokers over the past decade have indicated a desire to quit or have actually made an attempt to quit smoking. The percentage of current smokers who reported that they were thinking about quitting either in the next 30 days or the next 6 months significantly increased from 1994 to 2001 (see figure 9).<sup>8,11</sup> In 1999, 61.5% of California adult smokers reported that they tried to quit in the previous 12 months, an increase from 48.9% in 1990 and 56.0% in 1996.<sup>4</sup> For smokers who want help quitting, the CTCF includes both local program cessation

services, as well as The California's Smokers' Helpline, a toll-free telephone service which has provided assistance to over 149,000 people from its inception in 1992 through November, 2000.<sup>24</sup>

Both workplace and household smoking restrictions have been associated with higher rates of cessation attempts and lower rates of relapse in smokers who attempt to quit.<sup>25</sup> In 1999, quit attempt rates were higher among smokers who reported having both a smoke-free home and workplace (71.2%) than if the smoker neither lived nor worked in smoke-free environments (53.3%).<sup>4</sup>

**Figure 9. Proportion of California Smokers Thinking About Quitting, 1994-2001**



Sources: CATS/BRFS, 1994-2001, weighted to 1990 CA population.

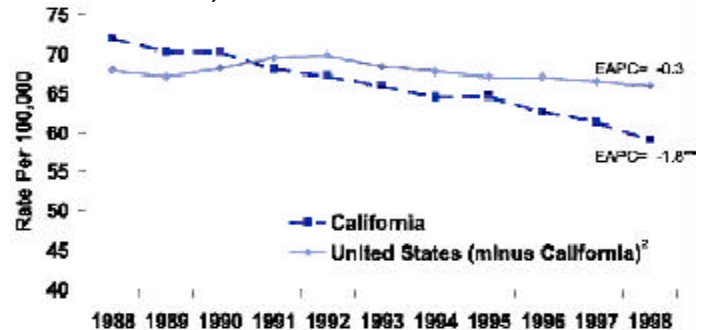


## TOBACCO-RELATED DISEASES DECLINING FASTER IN CALIFORNIA

Research has found the benefits of smoking cessation to be “substantial and begin to accrue almost immediately after quitting.”<sup>26</sup> Immune function among smokers for example, has shown improvement within one month after quitting.<sup>27</sup> Within the first two years of quitting, men and women who do not have a history of cancer, heart disease, or stroke show a decreased risk of lung cancer compared to continuing smokers<sup>28</sup> and the excess risk of heart attack death is reduced by 24% among women.<sup>26</sup>

Reducing the number of smokers in the state has translated into health benefits for Californians. Accelerated reductions have been documented in California for both heart disease deaths<sup>29</sup> and lung cancer incidence rates.<sup>30</sup> From 1988-1998, lung and bronchus cancer rates in California declined at six times the rate of decline in non-California Surveillance, Epidemiology, and End Results (SEER) regions (1.8% and 0.3%, respectively) (see figure 10).<sup>31</sup> These declines

**Figure 10. Lung and Bronchus Age-Adjusted<sup>1</sup> Cancer Rates, 1988-1998**



<sup>1</sup> Age adjusted to 2000 US standard population.

<sup>2</sup> Surveillance, Epidemiology, End Results (SEER) includes the following registries: Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta. San Francisco-Oakland have been excluded.

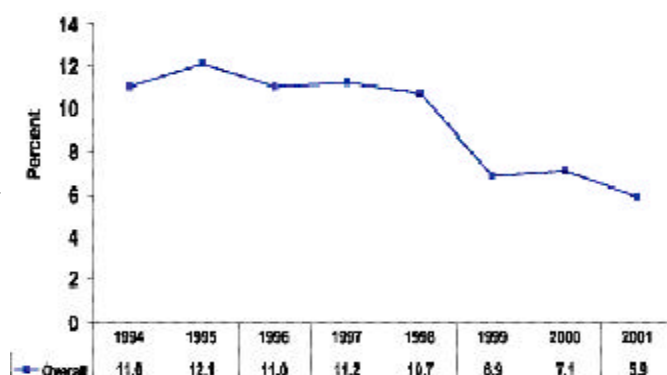
\*\* Estimated annual percent change (EAPC) is significantly different from zero ( $p < 0.05$ ).

are likely population health benefits associated with statewide reductions in smoking rates over the past two decades. Greater declines in smoking-related morbidity and mortality are likely to be seen in the future when the full impact of reductions in smoking in the 1990s takes effect.

## CALIFORNIA YOUTH SMOKING RATE LOWEST IN NATION

Youth prevalence rates are declining in California. Although 30-day smoking prevalence rates among youth (ages 12-17) remained relatively stable from 1994 to 1997, rates subsequently significantly declined 47.3% from 11.2% in 1997 to 5.9% in 2001.<sup>32</sup> From 1998 to 1999 alone, smoking prevalence decreased by 35.5% (see figure 11).<sup>32</sup> It is likely that much of this one-year drop was caused by the 50-cent per pack cigarette tax increase that took effect in 1999 in California, as prior research has consistently demonstrated that an increase in the price of cigarettes reduces initiation of smoking among youth.<sup>33</sup>

**Figure 11. 30-Day Smoking Prevalence Among California Youth Using a Telephone Survey, 1994-2001<sup>1</sup>**



Source: CYTS 1994-2001 is weighted to the 1990 California population.

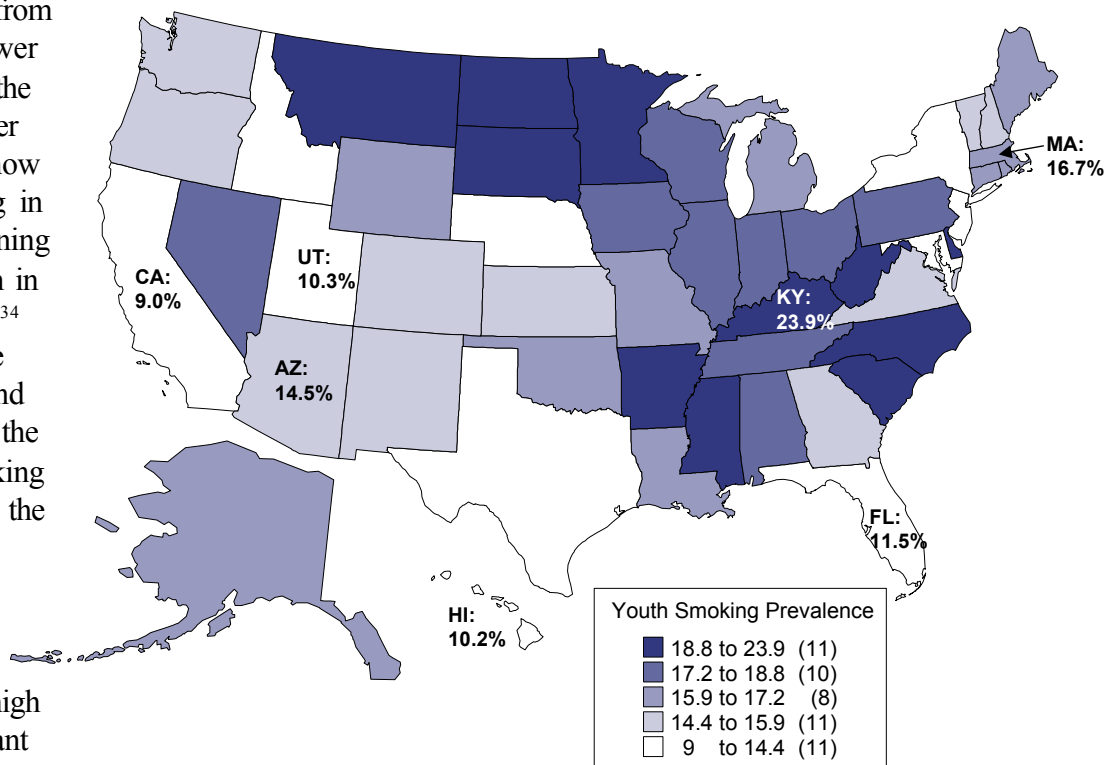


The youth smoking rate in California from 1991-1999 was lower than in the rest of the nation. Trends over this time period show that youth smoking in California is declining at a faster rate than in the rest of the U.S.<sup>34</sup> In 1999, a separate national study found California to have the lowest youth smoking rate of any state in the country (see figure 12).<sup>35</sup>

Both middle and high school smokers want to quit. In 2000, 63.2% of middle school and 71.6% of high school smokers in California reported trying to quit in the 12 months prior to the survey.<sup>36</sup>

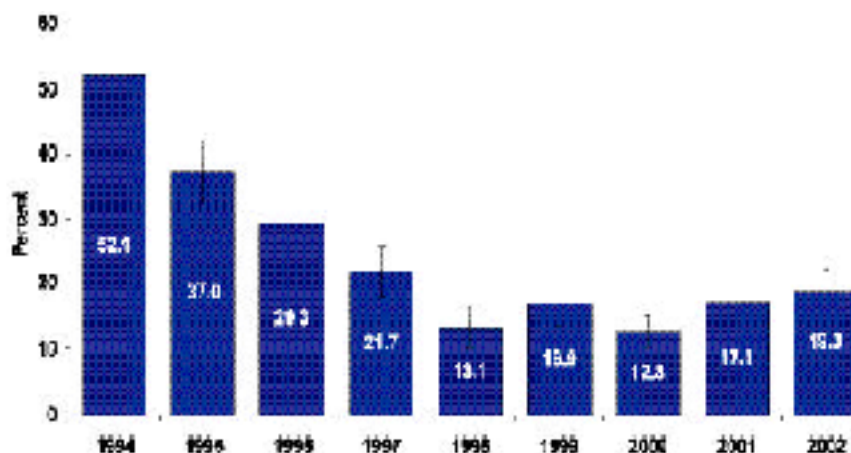
The percentage of stores selling tobacco illegally to youth, though fluctuating in recent years, overall has been declining. The rate of illegal sales fell from 52.1% in 1994 to 19.3% in 2002 (see figure 13).<sup>37</sup>

**Figure 12. 30-Day Youth Smoking Prevalence, 1999\***



\* Source: National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (SAMHSA), 1999.

**Figure 13. Percent of Retailers Selling Tobacco to Youth, 1994-2002**



Attempted buy protocol 1994-1996; Actual buy protocol 1997-2002.  
Due to different methodologies 1994 survey results may not be comparable to the 1995-2002 results.  
Source: California Youth Purchase Survey, 1994-2002.  
Prepared by: California Department of Health Services, Tobacco Control Section, September 2002.



## THE FUTURE

There is a mixed picture in California. First, there has been a statistically significant decline in 30-day smoking prevalence among youth aged 12-17. The decline in cigarette consumption likewise continues, with greater reductions in consumption in California than in the rest of the United States. Progress is also evident in the percentage of current smokers who smoke less than 15 cigarettes a day or smoke occasionally.

Yet despite these measures of progress, smoking prevalence has not declined after 1995. Closer examination reveals an increase in smoking prevalence among 18-24 year olds over this time period that offsets declining smoking prevalence among those aged 25 and older. At the same time, the desire to quit among smokers is higher than ever, with a greater percentage of current smokers both thinking about quitting and making quit attempts than in previous years.

Future efforts will include an increased focus on targeting tobacco control efforts to segments of the population at greatest risk of continued tobacco use, including individuals in lower socioeconomic groups, racial/ethnic groups who continue to be targeted by the tobacco industry, and young adults, the only age group with increasing smoking prevalence. California will continue to focus on policies that have proven effective in reducing smoking prevalence and consumption in the past (e.g. cigarette excise tax increases restrictions on places where people can smoke, and restrictions on the marketing of tobacco products), while continuing to educate Californians about the need for protection from secondhand smoke and the influence of the tobacco industry in their communities.

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